

EDUCATION
IN
NURSING

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HAVING been requested to put before you the method of training women for the profession of nursing in the Glasgow Royal Infirmary, I consented to do so, but with reluctance, hesitating to express an opinion upon a system so recently inaugurated.

Any scheme must be largely tentative until tested by practical experience.

We have made a departure from the old paths, whether better remains to be proved. We do not depreciate the work of the past; it served its time; and without the labours of our predecessors we should not stand where we are to-day. Life should be growth or progress. Let us endeavour to add something to the stores of the past that may help forward the work of the future.

To make our position clear we must take a cursory glance over the field of nursing—past and present.

A great impetus was given to nursing by Miss Nightingale's memorable action in connection with the Crimean war, and her subsequent establishment of a school in

conjunction with Mrs. Wardroper, whom Miss Nightingale found quietly working in St. Thomas' Hospital, seeking to rescue nursing from its degraded position. All honour to these noble women ; so far from forgetting what they have done, we can pay them no better tribute than seeking to expand and help on, in however small a degree, the work inaugurated by them. Had St. Thomas' Hospital remained the only "School for Nurses" in the United Kingdom there would have been uniformity of education, and possibly, as the higher demands arose for the fuller instruction of nurses, the authorities of that hospital might have met those demands, and thus have lessened the need for legislation. As it is, almost every hospital in the kingdom followed the laudable example set by the "Nightingale Committee," and instituted "Training Schools," each being a law unto themselves. Hence the great variety in the forms of "education" introduced, which has called forth the desire for uniformity, both in instruction and in the test to be applied before "Diplomas in Nursing" are granted.

As nursing stands now, it has no definite position. There is no uniformity of education, no general test or examination to prove whether a woman is qualified to take the charge of the sick or not.

A nursing certificate is therefore, comparatively speaking, worthless, unless one had an intimate knowledge of the working of each hospital, and knew exactly what its "certificate" represented. There is a growing feeling amongst the public against employing nurses who have not had a three years' residence in hospital, and this is

usually looked upon as a sufficient guarantee of efficiency. Personally I have not found this suffice.

Some still retain the idea that twelve months spent in the wards of a hospital, without any theoretical instruction, will enable a woman to pick up sufficient knowledge to admit of her undertaking the duties of a nurse.

This implies that a nurse's work is purely mechanical, requiring little mental capacity. In days gone by, when the whole treatment of the sick was of a different nature—a nurse's work consisting largely of giving medicines at certain intervals, gratifying the patient's wishes as much as possible, no scientific report being required of the patient's varying changes and symptoms—the so-called "training" was sufficient. I trust the custom is now obsolete of "ladies" going into hospital, paying a considerable sum, remaining only one year, then receiving or obtaining appointments of considerable importance, and assuming the title of "trained nurse."

The empirical knowledge gained at the bedside through a long series of years by a fairly intelligent woman produced, at times, a most valuable nurse; but side by side with this must be taken into consideration the number of failures, partly owing to the want of a natural ability for observation, and partly owing to the want of direct instruction.

With the advance of medicine arose the want of a systematically instructed nurse—one whose knowledge should be of a definite nature. Given a "trained nurse," there should be some standard or test, so that anyone

employing her may have some idea of what to expect from her. Degrees of knowledge will ever be regulated by the power of the individual to assimilate the instruction given; still there should be a fixed quantity.

Recognising the necessity of technical instruction, some hospital authorities have instituted a series of "lectures" for their probationers, which have to be attended simultaneously with the acquiring of the practical part of their work.

This was the custom in the Glasgow Royal Infirmary, but we found that this seriously interfered with the discipline of the house and the working of the wards, having to take the probationers away at irregular hours for the attending of these lectures. We were also unable to provide them with time for study, which rendered the lectures practically useless for the majority, as it was only the few whose strength permitted of their depriving themselves of rest or recreation to obtain time for study. This led to the consideration of a long projected scheme, viz., the taking of a special course of instruction, including Elementary Anatomy, Physiology, and Hygiene, followed by a course of Clinical instruction, before being admitted into the wards for the learning of the practical part of a nurse's work. By the aid of our medical staff this matter was placed before our managers, and received by them with the most hearty sympathy. After due consideration a scheme was elaborated which we were requested to put into operation in January, 1893.

As far as we can judge it appears to be a success.

To inaugurate a work of the kind of course there are initiatory difficulties, but these we found by no means formidable. Our medical staff have co-operated with me most heartily to facilitate the carrying out of the idea; and they have remarked to me that in their opinion we are already benefiting by the increased intelligence brought to bear upon the work.

Class certificates are given at the end of each course of lectures, stating the percentage of marks received by each pupil on examination in the different subjects, the candidate signing with motto or number. We have not yet arranged for a final examination before granting diplomas, hoping that this may be taken out of our hands by an independent body of examiners in connection with registration.

If the Royal British Nursing Association could see its way to establishing such a Committee, representing England, Scotland, and Ireland, to examine and decide a nurse's qualification before she is placed on their Register, it would give prestige to those nurses.

This appears a formidable suggestion, but if deliberately considered I think it may assume a practicable form. There would be expense connected with it, as the examiners must have their fees. The examination fees to be paid by nurses would defray this expense; but what would be of more serious consideration would be the arranging of the examining centres for the three countries, as the nurses would have to go to the examiners, and they could scarcely be asked to congregate in London. If centres could be established in the three

countries, it would make it comparatively easy for nurses to present themselves.

For the R. B. N. A. to step forward and seek to obtain a curriculum fixed by the Crown, with its attendant qualification for diploma for women wishing to practise nursing, would not call forth more opposition than it has done in the past, and would, I think, gain supporters. The Association might be to the nursing world what the "General Medical Council" is to the medical. As registration stands at present I do not think it meets our requirements. I look upon it as the goal to be obtained, not the starting point, and it must be comprehensive. It must ensure the full qualification of a woman for the practice of nursing.

I believe the Registration Society as at present constituted accepts the certificate of any hospital (containing a certain number of beds) which certifies the nurse to have been resident for a period of not less than three years, no special test being employed by the society to ascertain the status of the nurse.

I repeat, mere residence in hospital will not qualify. The authorities of hospitals do not pay a uniform attention to the training of their nurses. Some women during the period of their probation, to a large extent, educate themselves; others again wait for a teacher. Many people say education will not make a nurse. The point is, Can they be made without it? Is it the solitary profession that requires no special instruction? Will instinct supply all that is necessary to meet the myriad wants of the sick? I think not.

After nearly thirty years' experience of nursing and dealing with nurses, I am impressed with the idea that we are only beginning to realize what the art of nursing may become if proper means are used for its development, and think it will become one of the best openings for women who will apply themselves diligently to the acquiring of the necessary knowledge; but the acquiring of that knowledge must be attended with some expense, which, as in the preparation for other employments, must be borne by the individual herself.

Nursing can demand remuneration on an average with other livelihoods for women, and why the preliminary cost it entails for special instruction should be looked upon as a hardship any more than special instruction for other purposes, I do not know.

It is a pity that any party spirit should have arisen in the ranks of those who wish to see nursing occupy a definite position. As clearly as I can understand the aim of those interested in the matter, it is their desire to stand aloof from all sections or parties, taking a broad general survey of the question, offering to nurses their help and suggestions, and if nurses themselves are not desirous of gaining a definite status, to coerce them into the gaining of it, for the protection of their employers.

The Glasgow Royal Infirmary "School for Nurses" is now arranged in such a manner that it can at any time adapt itself to legislative demands without in the least interfering with its ordinary routine. One of our leaders in the nursing world expressed to me the fear that a system of theoretical instruction to our coming nurses

would result in a pseudo-scientific nurse. This is not our experience. The limit of time is such as admits of elementary teaching only, but it is thorough.

Anatomy, as it is taught with us, enables a nurse to handle the human body intelligently, but goes no further. *Physiology*, to make her acquainted with the functions of the different organs, that she may detect deviations from a normal condition. *Hygiene*, that she may know what healthy surroundings are, and endeavour to secure the same for her patients, or minimize existing evils. Our teachers are men of experience, well versed in the requirements of nursing, and have themselves fixed the amount of technical knowledge they think it necessary for a woman to acquire before she can benefit by the practical part of her work.

The clinical classes were introduced as a second course, having hitherto no direct clinical instruction for our pupils, it being left to the inclination of the medical staff, some taking much more interest than others; and also to prevent the probationer from plunging into the practical work of the wards without any instruction, causing her to be a much longer time than at present before she could be of use, making the work more difficult for the "head nurse."

A still greater advantage is in the uniformity of instruction given, so that we know exactly what to expect from all probationers entering our wards. When our work is sufficiently advanced to carry out fully our arrangements, the probationers will receive eighteen months' medical training and the same of surgical—

nine months of which will be spent in the male wards and nine in the female. Such a system of instruction would effectually define the "professional" from the "amateur" nurse. We are also aiming at having three nurses in each ward of not less than three years' experience as a stationary staff, so that the wards may never be left with a nurse of less than that standing; one of these "nurses" to be "head nurse," the other two to alternate night and day duty every three months. The probationers' hours to be from 5 A.M. till 4.30 P.M., thus providing the night nurse with assistance during the working hours, and giving excellent training to the probationers.

I am glad to say that the nurses engaged under the old *regime* are thoroughly appreciating our efforts for their advancement, and are largely availing themselves of the opportunity for instruction, and are relieved from duty for this purpose. Of course it is a temporary inconvenience, but the ultimate good to be obtained compensates for that; and I must here offer a word of thanks generally to our nursing staff. A transition period is always a trying one more or less, but their hearty goodwill, and manner of meeting slight difficulties, has made my task an easy one.

Our medical staff also, past and present, have given us the greatest encouragement and impetus to go on striving to obtain a high standard of efficiency, and it is to them we look for assistance in the further developing of our scheme, viz., State recognition, with its fixed curriculum.

It has been remarked to me that, in seeking to obtain a "standard of education" for women wishing to qualify as nurses, we are losing sight of the *morale* or character of the nurse, and seeking only professional skill.

One advantage of the classes is that the matron, during the time that they are being held, comes into close contact with the pupils, and has an opportunity of forming an idea of the character and disposition of each (individually), and can make her selection accordingly.

In the event of legislation being obtained, there would be a Register published annually, stating a nurse's qualifications; and in the event of her committing any flagrant act against the recognised code of morals, her name would be struck off the Register.

Others again suggest that a State regulation of a nurse's curriculum would interfere with the power exercised over the "nursing staff" by hospital authorities. I cannot see how this could be. All that the Crown would do would be to regulate the instruction given and the class certificates to be held before entering the wards of a hospital, the time spent in hospital also to be fixed by the State. During the time spent in the wards she would be fully under the control of the hospital authorities, and would in no way interfere with the discipline of these institutions.

Those nurses who wish to make "specialists" of themselves I would advise to take general training first, and supplement it by special training. The many complications arising in illnesses of all kinds are best met by one who, from her general knowledge, has some idea of

what to expect, and she will have more resources than one suddenly confronted with the unexpected.

The facilities, "as a rule," for training for special purposes are limited.

In the event of a compulsory form of education being introduced, with its examination and diploma, it would be necessary to consider the position of those nurses already in practice. Probably this might be met by placing them on the Register with some distinctive title indicating the degree of qualification. "Graduate in Nursing" appears a fitting title for one fully qualified to practise the art.

These remarks are crude, and only given with the idea of calling forth discussion. It is by this means we can gather up the different aspects of the question. No two people take exactly the same view of things.

I cannot conclude without offering my most sincere thanks to H.R.H. the Princess Christian, for the earnest interest she is taking in nursing and nurses, and trust she may have the pleasure of seeing the accomplishment of her object, viz., the regulation of a nurse's curriculum, and the fixing of her qualification by the State.



